

Civil Action No. 2:25-cv-31-KS-MTP

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* High Rise Financial
was received by me on *(date)* _____.

I personally served the summons on the individual at *(place)* _____

on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____

, a person of suitable age and discretion who resides there,

on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* High Rise ABIA & Acknowledgment by Atty., who is
designated by law to accept service of process on behalf of *(name of organization)* _____

on *(date)* _____; or

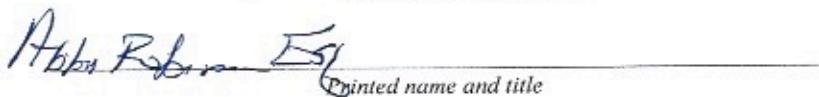
I returned the summons unexecuted because _____; or

Other *(specify):* _____

My fees are \$ 0 for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 6-2-25
John R. Brown Esq.

Server's signature
John R. Brown Esq.

Printed name and title
227 E. Paul St Jackson MS 39201

Server's address

Additional information regarding attempted service, etc:

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI
EASTERN DIVISION

VANESSA J. JONES Esq. and,
JONES LAW FIRM PA

PLAINTIFFS

VS.

CIVIL ACTION: 2:25-cv-31-KS-MTP

HIGH RISE FINANCIAL, (HRF)
ANY OTHER NAME FOR HIGH RISE FINANCIAL,
including associated companies of HIGH RISE FINANCIAL
HIGH RISE FINANCIAL PARENT COMPANY,
MIKE MACKIE individually and in his capacity of HRF
JOHN DOE COMPANY, JOHNE DOE individually

DEFENDANTS

NOTICE AND ACKNOWLEDGMENT FOR SERVICE BY MAIL

TO: High Rise Financial, (HRF) 11110 Ohio Avenue, Los Angeles CA, The enclosed summons and complaint are served pursuant to Rule 4 (c)(3)of the Mississippi Rules of Civil Procedure.

You must sign and date the acknowledgment at the bottom of this page. If you are served on behalf of a corporation, incorporated association (including a partnership), or other entity, you must indicate under your signature your relationship to that entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

If you do not complete and return the form to the sender within 20 days of the date of mailing shown below, you (or the party on whose behalf you are being served) may be required to pay any expenses incurred in serving a summons and complaint.

If you do complete and include this form, you (or the party on whose behalf you are being served) must respond to the complaint within 30 days of the date of your signature. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

I declare that this Notice and Acknowledgment of Receipt of Summons and Complaint was mailed on April 15, 2025.

**THIS ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT
MUST BE COMPLETED**

I acknowledge that I have received a copy of the summons and of the complaint in the above-captioned matter in the State of _____.

Signature _____

Relationship to entity/Authority to Receive Service of Process

Date of Signature _____

State _____

County of _____

Personally appeared before me the undersigned authority in and for the State and County aforesaid, the above name _____, who _____ solemnly and truly declared and affirmed before me that the matters and facts set forth in the foregoing Acknowledgment of Receipt of Summons and Complaint are true and correct as therein stated.

Affirmed and subscribed before me this _____ day of _____

Notary Public _____

My Commission Expires _____

Seal: _____



JACKSON
401 E SOUTH ST
JACKSON, MS 39201-9820
(800)275-8777

04/15/2025 03:52 PM

Product	Qty	Unit Price	Price
PM Express	1		\$31.40
Flat Rate Env			
Sacramento, CA 95833			
Flat Rate			
Signature Requested			
Scheduled Delivery Date			
Thu 04/17/2025 06:00 PM			
Money Back Guarantee			
Tracking #:			
EJ391541868US			
Insurance			\$0.00
Up to \$100.00 included			
Total			\$31.40
 Grand Total:			\$31.40
 Credit Card Remit			\$31.40
Card Name: VISA			
Account #: XXXXXXXX(XXXX4295			
Approval #: 267946			
Transaction #: 097			
AID: A0000000980840		Chip	
AL: US DEBIT			
PIN: Not Required			

In a hurry? Self-service kiosks offer quick and easy check-out. Any Retail Associate can show you how.

Save this receipt as evidence of insurance. For information on filing an insurance claim go to <https://www.usps.com/help/claims.htm> or call 1-800-222-1811

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit www.usps.com USPS Tracking or call 1-800-222-1811.

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All sales final on stamps and postage.
Refunds for guaranteed services only.
Thank you for your business.

Tell us about your experience.
Go to: <https://postalexperience.com/Pos>
or scan this code with your mobile device.



or call 1-800-410-7420.

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Tracking Number:

EJ391541868US[Copy](#)[Add to Informed Delivery \(https://informeddelivery.usps.com/\)](https://informeddelivery.usps.com/)[Feedback](#)**Scheduled Delivery by****THURSDAY****17 April 2025 *i*** by **6:00pm *i***

Your item was delivered to the front desk, reception area, or mail room at 10:51 am on April 18, 2025 in SACRAMENTO, CA 95833. Waiver of signature was exercised at time of delivery.

Get More Out of USPS Tracking:**USPS Tracking Plus®****Delivered****Delivered, Front Desk/Reception/Mail Room**

SACRAMENTO, CA 95833

April 18, 2025, 10:51 am

Out for Delivery

SACRAMENTO, CA 95833

April 18, 2025, 6:10 am

Arrived at Post Office

SACRAMENTO, CA 95813

April 18, 2025, 1:24 am

Arrived at USPS Regional Destination Facility